

MAINSTREAM RESOURCES CHECKLIST

Client Name: _____

Client Case Number: _____

Intake Date: _____

Mainstream Resources	Already Receives? Yes/No	Eligible? Yes/No/ Don't Know	Application Date	Outcome	Notes/Comments
TANF					
SSI					
SSDI					
Food Stamps					
Job Training/ Employment					
Medicaid					
Medicare					
Veterans Health Care					
SCHIP					
Mental Health Care					
Substance Abuse Treatment					